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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Q _A B _O S				
1 File Number U - 896 3	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name David M Wicks	Name Brotherhood of Locomotive Engineers and Trainm			
	Labor Organization File Number 000/0/			
P.O Box, Bldg , Room No , if any P.O. Box 86	P O. Box, Building and Room Number, if any			
Street 105 Bell Street	Street			
City Corydon	City			
State Kentucky ZIP Code + 4 42406-0086	State ZIP Code + 4			
5 Position in labor organization Local Chairman, Division 154				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
8 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income				
Name Moody, Strople, Kloeppel, Basilone, & Higgin	Law firm bought the group breakfast a few time during the year of 2004 at our regular monthly meetings Dates and amounts unknown				
Trade Name, if any					
PO Box, Bldg , Room No , if any					
	7 b Amount.				
Street 500 Crawford Street, Suite 300					
City Portsmouth					
State Virginia ZIP Code + 4 23704					

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed	1000 Line	-Pall	

On 8/8/2005

270-533-3536

Date

Telephone Number

Name of Person Faing David Nicks File Number U.	- 3					
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to expresent, or (2) any part of which consists of buying from or selling or sealing directly to, for otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8 Name and address of Business (including trade name, if any) 9 Business deals with a Labor Organization b. Trust c Employer	Name of Person Filing David Wicks		File Number U-			
Name Trade Name, if any P O Box, Bldg , Room No , if any Street Chy State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 11 a Nature of such dealing 11 a Nature of such dealing 12 a Nature of interest held or income received 13 a Nature of interest held or income received 13 a Nature of interest held or income received 14 a Nature of interest held or income received 15 a Nature of interest held or income received 16 Amount 17 a Nature of interest held or income received 18 Amount 19 Amount 19 Amount 19 Amount 10 Received from any employer (other than an employer covered under parts A and B above) 19 Amount 10 Amount 11 a Nature of payment. 11 a Nature of payment. 11 a Nature of payment. 12 b Amount 13 a Nature of payment. 14 a Nature of payment. 15 a Nature of payment. 16 a Nature of payment. 17 a Nature of payment. 18 a Nature of payment. 19 Box, Bldg , Room No , If any 19 Box, Bldg , Room No , If any 19 Box, Bldg , Room No , If any 10 Box, Bldg , Room No , If any 11 b Nature of payment. 11 a Nature of payment. 12 b Amount	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise					
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14 b. Amount of payment.

ZIP Code + 4

or Consultant

Form LM-30 (2003)

13 b Is the Business an Employer

State